



General Assembly

February Session, 2006

Amendment

LCO No. 5501

HB0559505501HDO

Offered by:
REP. O'CONNOR, 35th Dist.

To: Subst. House Bill No. 5595

File No. 315

Cal. No. 219

"AN ACT CONCERNING THE HEALTHY KIDS INITIATIVE."

1 Strike lines 1 to 356, inclusive, in their entirety and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2006*) There is established a
4 Nutmeg Health Partnership Insurance Plan. The plan shall consist of
5 the measures set forth in section 2 of this act, sections 38a-472d and
6 38a-476c of the 2006 supplement to the general statutes and sections
7 38a-497 and 38a-554 of the general statutes, as amended by this act, for
8 the purpose of making health insurance accessible and affordable for
9 residents of this state.

10 Sec. 2. (*Effective from passage*) Not later than January 1, 2009, the joint
11 standing committee of the General Assembly having cognizance of
12 matters relating to insurance shall develop a plan to provide health
13 insurance that is accessible and affordable for all of the residents of this
14 state.

15 Sec. 3. Section 38a-497 of the general statutes is repealed and the

16 following is substituted in lieu thereof (*Effective October 1, 2006*):

17 [Every] Each individual health insurance policy providing coverage
18 of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12)
19 of section 38a-469 delivered, issued for delivery, amended or renewed
20 in this state on or after October 1, [1982] 2006, shall provide that
21 coverage of a child shall terminate no earlier than the policy
22 anniversary date on or after whichever of the following occurs first, the
23 date on which the child marries, ceases to be a dependent of the
24 policyholder [,] or attains the age of [nineteen if the child is not a full-
25 time student at an accredited institution, or attains the age of twenty-
26 three if the child is a full-time student at an accredited institution]
27 twenty-three.

28 Sec. 4. Section 38a-554 of the general statutes is repealed and the
29 following is substituted in lieu thereof (*Effective October 1, 2006*):

30 A group comprehensive health care plan shall contain the minimum
31 standard benefits prescribed in section 38a-553, as amended, and shall
32 also conform in substance to the requirements of this section.

33 (a) The plan shall be one under which the individuals eligible to be
34 covered include: (1) Each eligible employee; (2) the spouse of each
35 eligible employee, who shall be considered a dependent for the
36 purposes of this section; and (3) dependent unmarried children [,] who
37 are under the age of [nineteen or are full-time students under the age
38 of twenty-three at an accredited institution of higher learning] twenty-
39 three.

40 (b) The plan shall provide the option to continue coverage under
41 each of the following circumstances until the individual is eligible for
42 other group insurance, except as provided in subdivisions (3) and (4)
43 of this subsection: (1) Notwithstanding any provision of this section,
44 upon layoff, reduction of hours, leave of absence, or termination of
45 employment, other than as a result of death of the employee or as a
46 result of such employee's "gross misconduct" as that term is used in 29
47 USC 1163(2), continuation of coverage for such employee and such

48 employee's covered dependents for the periods set forth for such event
49 under federal extension requirements established by the federal
50 Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272),
51 as amended from time to time, (COBRA), except that if such reduction
52 of hours, leave of absence or termination of employment results from
53 an employee's eligibility to receive Social Security income,
54 continuation of coverage for such employee and such employee's
55 covered dependents until midnight of the day preceding such person's
56 eligibility for benefits under Title XVIII of the Social Security Act; (2)
57 upon the death of the employee, continuation of coverage for the
58 covered dependents of such employee for the periods set forth for such
59 event under federal extension requirements established by the
60 Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272),
61 as amended from time to time, (COBRA); (3) regardless of the
62 employee's or dependent's eligibility for other group insurance, during
63 an employee's absence due to illness or injury, continuation of
64 coverage for such employee and such employee's covered dependents
65 during continuance of such illness or injury or for up to twelve months
66 from the beginning of such absence; (4) regardless of an individual's
67 eligibility for other group insurance, upon termination of the group
68 plan, coverage for covered individuals who were totally disabled on
69 the date of termination shall be continued without premium payment
70 during the continuance of such disability for a period of twelve
71 calendar months following the calendar month in which the plan was
72 terminated, provided claim is submitted for coverage within one year
73 of the termination of the plan; (5) the coverage of any covered
74 individual shall terminate: (A) As to a child, the plan shall provide the
75 option for said child to continue coverage for the longer of the
76 following periods: (i) At the end of the month following the month in
77 which the child marries, ceases to be dependent on the employee or
78 attains the age of [nineteen] twenty-three, whichever occurs first, [,]
79 except that if the child is a full-time student at an accredited
80 institution, the coverage may be continued while the child remains
81 unmarried and a full-time student, but not beyond the month
82 following the month in which the child attains the age of twenty-

83 three.] If on the date specified for termination of coverage on a
84 dependent child, the child is unmarried and incapable of self-
85 sustaining employment by reason of mental or physical handicap and
86 chiefly dependent upon the employee for support and maintenance,
87 the coverage on such child shall continue while the plan remains in
88 force and the child remains in such condition, provided proof of such
89 handicap is received by the carrier within thirty-one days of the date
90 on which the child's coverage would have terminated in the absence of
91 such incapacity. The carrier may require subsequent proof of the
92 child's continued incapacity and dependency but not more often than
93 once a year thereafter, or (ii) for the periods set forth for such child
94 under federal extension requirements established by the Consolidated
95 Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272), as amended
96 from time to time, (COBRA); (B) as to the employee's spouse, at the
97 end of the month following the month in which a divorce, court-
98 ordered annulment or legal separation is obtained, whichever is
99 earlier, except that the plan shall provide the option for said spouse to
100 continue coverage for the periods set forth for such events under
101 federal extension requirements established by the Consolidated
102 Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272), as amended
103 from time to time, (COBRA); and (C) as to the employee or dependent
104 who is sixty-five years of age or older, as of midnight of the day
105 preceding such person's eligibility for benefits under Title XVIII of the
106 federal Social Security Act; (6) as to any other event listed as a
107 "qualifying event" in 29 USC 1163, as amended from time to time,
108 continuation of coverage for such periods set forth for such event in 29
109 USC 1162, as amended from time to time, provided such plan may
110 require the individual whose coverage is to be continued to pay up to
111 the percentage of the applicable premium as specified for such event in
112 29 USC 1162, as amended from time to time. Any continuation of
113 coverage required by this section except subdivision (4) or (6) of this
114 subsection may be subject to the requirement, on the part of the
115 individual whose coverage is to be continued, that such individual
116 contribute that portion of the premium the individual would have
117 been required to contribute had the employee remained an active

118 covered employee, except that the individual may be required to pay
119 up to one hundred two per cent of the entire premium at the group
120 rate if coverage is continued in accordance with subdivision (1), (2) or
121 (5) of this subsection. The employer shall not be legally obligated by
122 sections 38a-505, 38a-546 and 38a-551 to 38a-559, inclusive, as
123 amended, to pay such premium if not paid timely by the employee.

124 (c) The commissioner shall adopt regulations, in accordance with
125 chapter 54, concerning coordination of benefits between the plan and
126 other health insurance plans.

127 (d) The plan shall make available to Connecticut residents, in
128 addition to any other conversion privilege available, a conversion
129 privilege under which coverage shall be available immediately upon
130 termination of coverage under the group plan. The terms and benefits
131 offered under the conversion benefits shall be at least equal to the
132 terms and benefits of an individual comprehensive health care plan.

133 Sec. 5. (NEW) (*Effective October 1, 2006*) Each physician licensed
134 under chapter 370 of the general statutes and engaged in the private
135 practice of medicine in this state shall:

136 (1) Provide, upon request of the patient or such patient's designee,
137 an estimate of the costs of any service or treatment to the patient or his
138 or her designee prior to the service or treatment being rendered; and

139 (2) Provide an itemized receipt to the patient or such patient's
140 designee for any payment made at such physician's office by or on
141 behalf of such patient, which shall specify the services rendered to the
142 patient and the charges for each such service.

143 Sec. 6. Section 19a-690 of the general statutes is repealed and the
144 following is substituted in lieu thereof (*Effective from passage*):

145 (a) Any licensed health care practitioner or practitioner group
146 operating or replacing any magnetic resonance imaging equipment or
147 providing any magnetic resonance imaging service shall obtain

148 magnetic resonance imaging accreditation by the American College of
149 Radiology, [or] its successor organization, or an alternate nationally
150 recognized accrediting organization, for all equipment, services and
151 personnel involved with such magnetic resonance imaging activities of
152 such practitioner or practitioner group. Such accreditation shall be
153 obtained not later than eighteen months after July 1, 2001, or eighteen
154 months after the date on which such magnetic resonance imaging
155 activities are first conducted, whichever is later. Upon the expiration of
156 the applicable eighteen-month period, no magnetic resonance imaging
157 equipment may be operated or replaced and no magnetic resonance
158 imaging service may be provided by any such practitioner or
159 practitioner group that does not receive accreditation as required by
160 this section. Evidence of such accreditation shall be maintained at any
161 facility at which magnetic resonance imaging equipment is operated or
162 replaced or at which magnetic resonance imaging service is provided
163 and shall be made available for inspection upon request of the
164 Department of Public Health.

165 (b) Notwithstanding the provisions of subsection (a) of this section,
166 any licensed health care practitioner or practitioner group that is
167 accredited as provided in subsection (a) of this section shall continue to
168 be subject to the obligations and requirements applicable to services
169 provided and the acquisition of equipment by such practitioner or
170 practitioner group, including, but not limited to, any applicable
171 certificate of need requirements as provided in chapter 368z and any
172 applicable licensure requirements as provided in chapter 368v."